



BOBBY JINDAL  
GOVERNOR

# State of Louisiana

OFFICE OF THE GOVERNOR  
Used Motor Vehicle Commission

DEREK L. PARNELL  
EXECUTIVE DIRECTOR

## EDUCATIONAL TRAINING SEMINAR REGISTRATION

(Please print or type)

Trade Name of Business \_\_\_\_\_

Ownership \_\_\_\_\_

Dealer Number ( If Applicable ) \_\_\_\_\_

Physical Address \_\_\_\_\_  
(Street, City, Parish, and Zip Code)

Mailing Address \_\_\_\_\_  
(If different from Physical Address)

Business Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Fax # ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Person Attending: (A separate registration form must be completed for each person attending.)

_____	_____
Name	Title

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(Do not write below this line)  
FOR OFFICE USE ONLY

Course Completed: Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate Mailed: Date: \_\_\_\_\_

Certificate Number: \_\_\_\_\_